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CASES AND NOTES.

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CASE I.—March —, 1857. I was asked to see Mrs. — in consultation. She was near the end of pregnancy, when she was attacked, without precursory symptoms, with hæmorrhage from the womb. Her general previous state had been unfavorable for the continuance of pregnancy, or of healthy parturition. Nausea and vomiting had been for some time so constant, that very little food had been taken, or kept in the stomach. The hæmorrhage had existed several days before I was called, and its quantity could be very imperfectly reached. This single fact makes the management of labor a very embarrassing office, as it can hardly be ascertained what power remains, in the first place; in the second, how much blood remains to supply the waste, and to carry on functions for life, and particularly to complete delivery.

The appearance of Mrs. — was unpromising. She was pale—exhausted—the veins of purplish color, showing how much blood had been wasted, and how changed was what remained. The protracted vomiting and the recent hæmorrhage had produced just that state which characterizes anæmia. The pulse was 120, small and feeble. The temperature had been preserved by heat to the lower extremities. The liquor amnii had passed off. In early examinations the os uteri had been found dilated. The head had made some advance, and between it and the womb was felt a solid mass, which was believed to be an edge of the placenta. The favorable symptoms were, a clear, firm voice, bright countenance, and cheerful manner. There was also sufficient strength remaining to enable the patient to assist herself in such changes of place as were demanded. The animal functions were not disturbed.

During the three or four days or more from the occurrence of the hæmorrhage, not the least uterine contraction had been noticed by

the patient, or by her physician. She had felt no *pain*. The womb had silently contracted sufficiently to draw the dilated os uteri above that portion of the foetal cranium which presented, so as to leave it partially uncovered. Or, by the shortening of the womb, the head had entered the brim of the pelvis, according to the explanation offered by Mr., afterward Sir Charles Bell, in his excellent paper on the Muscularity of the Uterus, which, if my memory serve, is in the seventh volume of the Medico-Chirurgical Transactions of London. The size of the uterine tumor led to the belief that the foetus was large. The head was firmly fixed in its position. Ineffectual means had been used to produce uterine action and to check the hæmorrhage. Thus, ergot had been given, but such was the irritability of the stomach, that the ergot was at once rejected, and before it could have exerted its specific power upon the womb. In short, everything was vomited which was swallowed. Even small bits of ice, which a very irritable organ will sometimes bear, were vomited.

Such was the condition of Mrs. —, as communicated by the attending physicians, and as observed by myself. The question arose, what shall be done? Shall the case be left to the unassisted powers of nature, or shall artificial means be used? Internal remedies could not be employed. What are the resources of operative midwifery, and which promises best? Turning was suggested. Objections to this measure were the firmly-fixed head and the close contractions of the womb, which had followed the escape of the liquor amnii. Were turning accomplished, might not its completion, or the delivery of the head, require a force which the remaining power would fatally sink under before delivery was accomplished? Besides, there was little or no hæmorrhage now. A very large loss which had occurred the night before would seem to have made such a demand on the remaining blood, that with the following diminished power of the circulating system, a temporary stop had been put to farther flowing. Second, the forceps. Third, craniotomy. It was agreed that the forceps should be first tried. The patient being etherized, the instrument was applied by Dr. — with ease, and efforts made to move the head. These were continued as long as it was thought safe; but when increased exhaustion began to show itself, the instrument was removed; very little was gained by it under its fair use. The head was indeed lower than before the operation, but the descent seemed to be rather a lengthening of the cranium than from any change of place of the head itself. Craniotomy was now done. The cranium was perfectly emptied, the bones collapsed, and delivery accomplished with more than ordinary ease. The womb contracted well. The after-birth was separated, and was expelled without the least difficulty. Some re-action followed, as is common in such cases, but exhaustion soon declared itself. Stimulants

were again given, but were not retained, and death gradually took place.

CASE II.—March 6th, 1857. Mrs. —, aged 24; first labor. I was called to this case at about twenty-four hours from its beginning. Mrs. — is young, strong, plethoric. The liquor amnii had been dribbling away for three days. Uterine action was strong at the beginning, and soon became violent. The os uteri was dilated, in part, and was perfectly dilatable. It could be easily swept up and away from the head, all round. The anterior fontanelle presented, the face being toward the pubis. The os uteri could only be carried for a certain distance, and descended as soon as the fingers were removed. The anterior lip was always the lowest, and the thickest. Hours passed, the uterine contractions constantly increasing in force and frequency, without the least change in the place of the foetal head, which was just outside, or below, the brim. Ether was used, and suffering was made less.

The question arising upon this statement, and investigation of the facts of the case, was, what shall be done? A fair trial had been made of uterine power, and there was no progress. The six hours of perfect rest of the foetal head in one place, notwithstanding vehement uterine action, as named by an acknowledged authority, before artificial aid shall be resorted to, had been far more than accomplished. Dr. — referred to a case to which he called me in consultation, which very much resembled this, in which what was thought perfectly safe delay was practised, but in which rupture of the womb occurred. I recollected the case, but at the same time did not forget that in existing circumstances of each case, mainly, in midwifery, the demand for artificial aid must be found. Hence no department in medicine has in it such responsibility as this, and the wider is experience so much deeper is felt to be the responsibility. I became satisfied, after due observation, that the time had come for artificial aid, and the forceps were used. The application was easy, and effort was aided by fair uterine action. There was no progress. All of force which could be safely applied, and all of uterine contraction, accomplished nothing, or so little as to give no prospect of ultimate success. Very careful and continued uterine auscultation was practised, but not the least evidence that the child was living was obtained. The foetal pulsation could not be heard, nor the placental murmur; nor could any muscular movement of the child be felt. Craniotomy was resolved on, and delivery accomplished, though with unusual delay and difficulty. The after-birth soon followed. The womb contracted very well. There was some flowing afterward, and more than usual after-pains, accompanied with expulsion of coagula. Strong re-action, showed by rapid pulse, and rapid respiration, followed. An opiate was given.

Much anxiety was felt about the result of this case. On the

morning of the second day some tympany was noticed, but there was no pain in the abdomen; there had been no chill, and the pulse was but little accelerated. The bladder performed its functions perfectly well. Food was craved, and nights comfortable. On the fourth day, was quite severe diarrhœa, preceded some hours by griping pain. No constitutional disturbance. The diarrhœa was readily controlled, and recovery has since been uninterrupted.

In order to do something to prevent disease after such deliveries, I have long been in the habit of using a more active treatment than other observers have thought necessary. This method was employed in this case. The following was prescribed the morning after delivery. *R.* Opii, gr. viij.; hyd. submur., gr. iv. M. ft. pil. no. viij. One of these was directed every four or six hours, unless sleep occurred. In three days these, and four more of a new number, were taken, and with good results. The mouth did not get at all sore, and if the diarrhœa were produced by the pills, most perfect and entire relief followed.

The question of operative midwifery thus arises under various circumstances. Labor may be advancing regularly. Without obvious cause, contractions grow weak, and cease. The pulse fails, temperature diminishes, sinking is apparent. The head is in the pelvis, at the perinæum. There is little or no hæmorrhage. What may be the causes of this sudden change in a healthful labor? There may be rupture of the womb, laceration of the vaginal *cul de sac*, anteriorly or posteriorly; there may be simple laceration of the peritoneal covering of the womb, more frequently noticed in the neighborhood of the Fallopian tubes. What should be the practice here? I answer, use the forceps. But in laceratio uteri the head recedes. Here the forceps cannot be used. But there are exceptions even to this rule. One has occurred to me:

CASE III.—The head was fairly in the pelvis in this case. The labor was slowly proceeding. Suddenly contractions ceased. There was slight hæmorrhage. Sinking rapidly followed. I proposed to deliver by the forceps. Dr. — strongly advised this measure. The patient would not permit it. She said she was perfectly easy, and would sooner die than submit to any operation. She died in a few hours. Examination showed large uterine laceration. The extremities and trunk of the fœtus were in the cavity of the abdomen, the head in the pelvis.

But suppose the head does not recede, and we are uncertain as to the nature or place of the suspected lesion, questionless and rapidly-increasing sinking being present. Apply the forceps. Why not give ergot? Because, if it increase contractions, the womb will be drawn farther up, over the head, and the laceration of the *cul de sac*, if such exist, will be increased, and danger greater; while in the other, or peritoneal form of laceration, it cannot but be best to secure perfect repose to the womb, as excessive action has been the cause of the laceration already existing.

But suppose hæmorrhage along with sinking, not the small flowing which may accompany laceration, but such as may be ascribed to placental separation, the head being within reach. Use the forceps. Why? Because there may not be uterine power to respond to ergot; or the remaining power will be best used in completing the detachment and expulsion of the placenta, and to secure ultimate and permanent contraction, which is the surest prevention of secondary hæmorrhage.

Suppose hæmorrhage not only complicates the labor, but follows delivery. This very rarely follows delivery after *unavoidable* hæmorrhage; that, namely, which belongs to *placenta prævia*. But suppose the flow be *accidental*. Pass the hand into the womb and learn if retention be from *morbid* adhesion, or the result of imperfect contraction—the womb being soft, flabby, uncontracted. By completing the separation only, strong contraction is often induced, and the placenta delivered. But in this case having it in the hand, let it and the hand be delivered together; in other words, let the progress depend mainly on uterine action. Should the womb remain inactive, then resort to other means, so fully directed in the books, to excite contraction. These are usefully employed while attempting separation.

In a late number of the Journal is an article on "Improvement in plugging the vagina in profuse uterine hæmorrhage, especially in abortions of an early period." It consists in firm compression of the external organs, by a towel doubled or folded lengthwise, and which, having been rolled up in another longer towel, and then passed between the limbs in front and behind, is fastened by its ends to a firm bandage surrounding the abdomen. I allude to this method here, because I saw a similar use of it in a case of dangerous hæmorrhage after labor at the full time.

CASE IV.—Mrs. — has had several children, and has always flowed profusely. I never attended her before. Her labor was natural, and its stages easily passed through. Hæmorrhage followed a short time after the delivery of the after-birth, and was persistent, notwithstanding a fair trial of remedies. I now first learned that she had always flowed excessively, and asked what her physician had done. She said he had always found firm compression of the external organs the best method of stopping the flow. I immediately adopted it, and very much after the manner described by Dr. Casey, and with the happiest result. Re-action promptly declared itself.

In early abortions this method seems liable to no objection. After labor at full time *internal hæmorrhage* is certainly possible, and must be kept in mind. The womb may not contract. Hæmorrhage may continue, though unseen. Coagulation may occur within the womb. But we know this does not always check flow, and we also know that when a great loss has already occurred, a slight

addition may be fatal. Suppose sinking increases, and this rapidly; external examination of the womb should be made, and if *internal hæmorrhage* be discovered, attempts should be at once made to empty the womb and produce contraction. Dr. Casey says of the plan he recommends, "It has rarely or never failed in my hands."

Why does it happen that while the placenta is still attached, or when separated, still remains in the womb?—why is it that this organ is so reluctant to take on that action which will complete the detachment, and in this and in the other case supposed, remove the after-birth? Again, why is it, that this having been expelled, contraction does not take place, allowing internal hæmorrhage to occur, and to an extent to produce a uterine tumor closely resembling the state of the organ when filled by the fœtus?

[To be continued.]

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 158.]

It will be sufficient, I believe, to remind the reader of the cases of cure of epilepsy that I have given in a preceding section of this paper (see § IX.). They prove peremptorily that the source of fits of epilepsy may be in the peripheric part of sensitive nerves. The fits were certainly due to an external cause of irritation in cases of epilepsy where they have been prevented by the following means:

- 1st. Application of a ligature around a limb or finger.
- 2d. Section of a nerve.
- 3d. Amputation of a limb, a finger, a toe, or the testicle.
- 4th. Extirpation of a tumor, a foreign body, or a tooth.
- 5th. Expulsion of worms, of calculi or other concretions.

Some other facts which I have mentioned in the beginning of § XI. show, in the most direct way, the possibility of the production of a fit by an irritation of the periphery of the sensitive nerves. Together with these facts, I might have spoken of a young man, observed by Zimmerman, and who had a fit of epilepsy every time he practised masturbation (Esquirol, *loc. cit.*, p. 301). That an external irritation may cause fits is also proved, without any doubt, by the facts I have almost daily observed in animals for many years; facts described in the first part of these papers. It seems, even from what is observed in these animals, and from various circumstances observed in man, that when there is a cramp preceding a fit, the cramp is nothing but the first effect produced by the irritation of a sensitive nerve. Cramps in some of the muscles of the neck and face are sometimes the only effects of the excitation of the skin of the neck and face in my animals, and when a complete fit takes place, it is almost always preceded by the spasmodic contraction of these muscles. So that if we did not know that

there had been an irritation of the skin, we might think that the first phenomenon was the cramp of these facial and cervical muscles. In cases of wounds of a nerve, two diseases may follow, epilepsy or tetanus, but in these two cases the first convulsive phenomenon is a cramp in the muscles in the neighborhood of the wound. Many facts of this kind have been collected by Swan (*A Treatise on the Diseases and Injuries of the Nerves*, new edition) and Pflüger (*Die sensorischen Functionen des Rückenmarkes*, 1853). If the wound was not known to exist in a case of epilepsy of this kind, the local cramp would be considered as the first phenomenon of the attack, while it is only a secondary one. Now, if, as I have tried to show in § XI., there may be an unfelt irritation in the periphery of sensitive nerves, causing fits of epilepsy, it is possible that in cases where a cramp in one or a few muscles is the only thing felt by the patient, the cramp is not the first phenomenon, but results from the irritation of sensitive nerves in its neighborhood. In cases where there is both pain in a part without muscles, and cramps in the neighboring muscles, it may be that the cramps are the result of the irritation of sensitive nerves, causing this pain.

We do not deny that the first cramp in epilepsy may be due to some direct or primitive irritation of the nervous centres, but we do not know any cases of this kind; while, on the contrary, we know many cases where there was, in the beginning of the fits, a local cramp, resulting from a secondary irritation of the nervous centres, *i. e.*, produced by a reflex action, due to the excitation of sensitive nerves near the muscles attacked with cramp.

Romberg says that there are two kinds of aura epileptica; a sensitive and a muscular one. The sensitive consists of various sensations, the muscular consists in a cramp (*loco cit.*, p. 674). This distinction is more apparent than real. If there are cases where cramps are not reflex movements, depending upon the irritation of a sensitive nerve, and in which they result from the direct excitation of some parts of the nervous centres, such cases ought to be distinguished from those where a cramp is connected with an aura epileptica. Besides, when this connection exists, *i. e.*, when either a felt or an unfelt irritation of a sensitive nerve causes a local cramp by a reflex action, before it produces the other phenomena of a fit, the cramp is only apparently an aura.

In reality, there is only one kind of aura epileptica, if we leave to this word the meaning which it has had for centuries, *i. e.*, a local sensation preceding a fit. This sensation in some cases exists without any cramp; in other cases it seems to co-exist with a cramp in the neighborhood of its starting-point.

In cases where the irritation of a sensitive nerve causes a fit without being felt, there may exist a local cramp, but the name of aura cannot be given to this cramp, as it is only the first reflex

manifestation of the preliminary irritation, the existence of which may be found out, as I have said, in § XI.

[To be continued.]

HOURL-GLASS CONTRACTION EMBRACING PLACENTA AND CHILD.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The novelty of the following case, which occurred in my practice, induces me to send it to you for publication, if you should deem it of sufficient importance to the profession generally.

Having been called to Mrs. R., on the evening of the 11th inst., I found her in her fourth labor, and with twins. She was of unusually large dimensions, but rather emaciated in the face and upper extremities. The lower extremities were œdematous. The labor progressed normally till the birth of the first child. This presentation was a natural one, after which the pains seemed to cease almost entirely, leaving the remaining foetus unusually high up in the epigastric region.

This, however, caused me but little uneasiness at the time, having ascertained that there was but little or no hæmorrhage. I waited some time for the return of the pains to expel the remaining child, but was disappointed, and began to fear for its safety from the detachment of the placenta, inasmuch as I had previously ruptured the membranes, and an uncommonly large quantity of liquor amnii had escaped. I gave ergot in usual doses to induce stronger pains, but the foetus remained in the same position as before. I now determined to ascertain what the difficulty might be, preparatory to delivery. Upon the introduction of the hand (for I could not touch any presenting part with the finger), there was an "hour-glass contraction" of the womb at about the middle, embracing the remaining child and the placenta in its upper half, with a hand presenting at this abnormal "os uteri." I now became alarmed for the safety of the child, and resolved to turn and deliver as soon as possible. After a great deal of difficulty, and pain to the mother, I succeeded in insinuating my hand through the contraction, at the same time dilating it as much as possible, and secured both feet. The delivery was then effected in the usual way, and without much difficulty, excepting the passage of the head through the contracted portion of the organ.

The child, when born, was asphyxiated, but breathed and cried lustily after some time spent in artificial respiration. The two placentæ, united, followed the head of the second child.

I might here state that all the power of contraction after the birth of the first child, was confined to the upper half of the womb, the lower portion remaining perfectly relaxed till after complete

expulsion, when the whole organ contracted normally in the hypogastric region.

"Hour-glass contraction" of the womb upon the placenta after delivery, has occurred in the practice of many accoucheurs; but I do not remember to have seen reported an hour-glass contraction embracing both placenta and child.

Yours, &c.

Baltimore, Md., March 19th, 1857.

J. THARP.

ETHERIZATION IN CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I wish to add my testimony to that of your correspondents who have lauded the value of etherization in convulsions. I have tried it in many cases and in various forms of convulsions—puerperal, infantile, epileptic and hysterical—and have scarcely ever failed to find it beneficial. In one case, some three or four years ago, where there was actual hydrocephalus in a child of some eighteen months or two years old, and where I exhibited chloroform as a last resort, and more with the view of rendering the "act of dying" less distressing and frightful, than with any other expectation, I had the satisfaction of arresting the convulsions and restoring the patient; and, what is more extraordinary, the little fellow, who had previously been subject to "fits" every few weeks, has since had no recurrence of the dreadful malady. I could also tell of almost equal success in puerperal cases, but content myself with merely stating generally the result of my experience.

W. B. CASEY.

Middletown, Conn., February 26th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.
BY W. O. BROWN, M.D., SECRETARY.

DR. PARSONS gave some account of the most favorable case he had met of the use of the intra-uterine pessary. The case was one of retroflexion of the uterus, in a widow aged 50, who had suffered six years from back-ache, occasional dysuria, &c., and was treated much for lumbago, rheumatism, &c. The symptoms began after a strain, and were increased by lifting or much walking. When first under his care she had a series of abscesses in the cellular tissue near the vagina, and it was not till after some weeks that an examination per rectum revealed the mal-position of the body of the uterus, which rested against the rectum, and was somewhat hypertrophied and knobby. At a consultation then held, there was doubt whether this was not a tumor, perhaps malignant. The first use of the uterine sound pro-

duced great pain when the womb was brought up into place, it feeling as if adhesions were torn up. At all subsequent times the introduction was more painful than the rectifying movement. The uterus tending to topple back, an intra-uterine pessary was used. She wore it for three or four weeks at a time, when a flow of blood would generally come on, and it was withdrawn. She improved much under the application of leeches and caustic to the os uteri, and the frequent introduction of this instrument; and felt that she derived great comfort from the pessary, the necessity of using it also becoming less frequent. This was the only case in which Dr. P. had found intra-uterine instruments well borne.

At a former meeting, where this subject was discussed, Dr. MAURAN mentioned a case in which, several years ago, a young unmarried woman was subject to retention of urine from retroversion of the uterus, and he employed the catheter several times to rectify it. The patient had such an attack once when on a journey, and died.

Dr. BROWN reported the following case of *Eclampsia*. He was called to see Mrs. A. She was the mother of one child, about two years of age, and had had several abortions at an early period of gestation. She was advanced in pregnancy, as she supposed, about seven months. She complained of severe headache, with nausea. The pulse was very small and feeble; there was extensive anasarca, extending to the face and hands. From the character of the pulse, though convulsions were feared, it was thought not prudent to bleed, and accordingly she was directed to place her feet in hot water with mustard in it; to take a saline cathartic, and apply cold to the head. After about an hour the pain in the head was somewhat relieved; the pediluvium had been used, but the cathartic had not been taken, on account of the nausea. The patient was sitting up and thought she felt better, and was intending soon to take the cathartic. She complained of feeling very nervous, and there was a slight convulsive movement of one arm occasionally. As she felt better, for the reasons above given, she was not bled, and was left again with directions to take the cathartic as soon as the stomach would tolerate it. In about an hour after, Dr. B. was called hastily, with the announcement that she was in a fit. Hastening to the house, it was found that she had already had two convulsions, and a third came on almost immediately. The arm was tied up, and a vein opened at once, and as it did not bleed freely, a vein in the other arm was opened. About twelve ounces of blood (by measure) were drawn. She expressed herself as breathing more freely and feeling relieved. Only one or two convulsions occurred in the course of an hour and a half after this. They then returned in frequent succession. A second bleeding was resorted to, but only about four fluid-ounces were taken. This appeared to have no favorable effect, perhaps the reverse, and about one fourth of a grain of morphine was given to her, with a cathartic dose of calomel. This appeared to quiet the convulsions, as they were less frequent and less severe. The morphine was repeated, after an hour or an hour and a half, until she had taken some four or more doses. She fell at length into a slumber, and only one convulsion occurred after this. She had ten or eleven in all. About sixteen hours after the first convulsion she had a movement of the bowels, labor came on, and in about two hours after she was delivered of a living child. The child

lived only some six or eight hours. She continued to improve favorably, and in less than a week, contrary to directions, she was taken from the bed and sat up, and made an effort at walking a few steps. Soon after this, her pulse became rapid, 125 or more in a minute, the tongue became covered with a thin white coat, and there was extreme vigilance or wakefulness. There was at the same time a tendency to constipation of the bowels. She was put upon the use of morphia, with occasionally a few grains of calomel. As diaphoretics and diuretics, the liquid acetate of ammonia and the sweet spirits of nitre were given her, with laxatives as required. In this way, with great care and watchfulness on the part of the nurse, imperfect rest was secured. The patient slowly improved, but several weeks elapsed before she could bear a full light in her room, or more than a slight amount of food without the occurrence of frequent pulse, nervous agitation and wakefulness. When able to sit up and bear a moderate amount of nourishment, she was put upon quinia and iron, and continued to improve till she was able to go into the country. She has continued to take much exercise in the open air, both riding and walking, ever since; and now, after a lapse of more than three months, there is still great excitability of the nervous system remaining, and she complains, not infrequently, of a snapping, unpleasant sensation in the head.

It is a question admitting of much doubt, if in this case the patient would not have recovered better if she had not been bled at all.

Bibliographical Notices.

On the Constitutional Treatment of Female Diseases. By EDWARD RIGBY, M.D., &c., Fellow of the Royal College of Physicians; Senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London. Philadelphia: Blanchard & Lea. 1857. 12mo. pp. 256.

Dr. RIGBY has been favorably known to the profession for many years as an able writer on the diseases of women, and particularly, of late, by a series of papers published in the *London Medical Times and Gazette*. He is rather conservative in his opinions, but by no means bigoted. The volume before us is an excellent treatise on the principal diseases of women, and although not remarkable for originality, is full of sound instruction, and will prove of much assistance to those who have to treat this difficult class of maladies. As the author states in the preface, the book is of a wholly practical character. The diseases are well described, and a large space is allotted to the department of treatment. Those who have been baffled in the search for remedies capable of controlling the various morbid conditions of the female sex, will here find a large number to select from. The author leans to the opinion that the various diseases of females, both functional and organic, are rather the result of general or constitutional, than of local derangement; hence, the treatment he recommends is especially directed to the system at large, for the purpose of invigorating the general health, and of modifying any morbid tendency in the constitution.

We shall briefly glance at a few of the subjects treated by Dr. Rigby, in order to convey a general idea of the character of the work.

"Amenorrhœa," says the author, "like the other functional derangements of the uterine system, is, in fact, a *symptom*, as well as an effect, of general derangement; and it behooves the practitioner to look beyond the mere local affection, and carefully investigate the abnormal or defective actions of the system upon which it essentially depends. To use an admirable expression of Dr. Latham's upon the subject of tubercle, it is but a fragment of a great constitutional malady."

The treatment is to be directed, in the first place, toward the chylipoietic functions, by administering medicines of an alterative and laxative character, by enjoining early hours, regular habits, exercise, and attention to the state of the skin. Then tonics must be employed, among which, of course, iron holds a high rank, sometimes combined with gentian, quinine, or hop. Change of air, and residence at the sea-side, are valuable adjuvants. As local remedies, Dr. Rigby recommends aloes, and ammonia in enemata, and sinapisms to the breasts; but he considers iodine, especially in combination with iron, and ergot, as the most valuable emmenagogues which we possess. At the same time he insists that medicines of this sort are very rarely needed in the treatment of amenorrhœa. We are surprised that he makes no allusion to electricity, certainly one of the most powerful emmenagogues we possess.

Dysmenorrhœa is classed under two heads, functional and mechanical. The former is connected with derangements of the digestive organs, with a gouty or rheumatic diathesis, with hysteria or neuralgia, with some inflammatory condition of the uterus, usually the os and cervix, and with ovarian irritation. Of course, the treatment must vary according to the general condition upon which the disorder depends, the object being to correct the peculiar diathesis by appropriate remedies, before employing special means to overcome the functional derangement. Under the head of *mechanical dysmenorrhœa* come those cases in which the catamenial secretion is obstructed in its passage by a contracted or closed state of the os uteri, or canal of the cervix, the chief feature of which is, that the *pain precedes the discharge*. In this case, after due attention to the general health, the obstruction is to be removed by dilatation of the os or cervical canal. The author recommends an instrument with steel blades, which, after being introduced into the canal, shortly before the menstrual period, are opened, and allowed to remain so for a minute, producing, by steady pressure, a considerable dilatation. The sponge tent, and incisions, may also be employed.

Dr. Rigby discards the old arrangement of *menorrhagia* into the active and passive forms, but considers the subject under the heads of menorrhagia from hyperæmia; from gastro-bilious derangement, including the arthritic or rheumatic-gouty diathesis; from mucous irritation; from gouty irritation; from ovarian irritation; from debility; and from displacement, organic disease, and polypus. He believes that iron possesses no emmenagogue properties *per se*, but only indirectly as a tonic in the amenorrhœa of debility. The sulphate and hydrochlorate of iron he thinks produce an opposite effect in passive menorrhagia, and by giving tone to the vessels, control the profuse

ness of the discharge. He recommends the persulphate, in combination with sulphate of magnesia and sulphuric acid, in these cases.

Uterine and vaginal discharges are not to be looked upon as so many distinct affections, but merely as symptoms and effects of certain morbid conditions of the uterus and vagina. To consider them as specific diseases, would be, according to the author, as unpractical and erroneous, as it would be to treat of an affection called *expectoration*. He treats the subject under the heads of discharges connected with functional derangement, and those arising from organic disease. The former, which chiefly demand attention, may be simple leucorrhœa, arising from a relaxed condition of the vagina, owing to derangement of the digestive organs; the "white mucous discharge," caused by inflammation of the cervix, and by a rheumatic or gouty habit; and the purulent discharge, which is chiefly seen in connection with abscess, vaginitis, gonorrhœal and other venereal affections. This distinction is somewhat confused; certainly inflammation of the cervix, abscess, vaginitis, gonorrhœal and other venereal affections, are organic diseases. The author, however, evidently intends only to separate these affections from the inflammation and ulceration of the os and cervix uteri, the study of which has occupied so large a share of the attention of the profession, of late years.

Like most of the affections peculiar to the female sex, Dr. Rigby considers *inflammation of the os and cervix uteri*, also, as less an idiopathic affection than one of a secondary character. He says, "I can no more look upon the inflammation of the os and cervix uteri as a primary disease, causing derangement of the general health, &c., than I could on a gouty toe, a rheumatic knee-joint, or enlarged strumous gland. Most of these uterine affections are the local manifestations of some general derangement, but which, in their turn, re-act as causes, producing their own set of sympathies and effects."

"I cannot understand upon what grounds it can be justifiably asserted that the uterine organs follow a different law in this respect to any other organ or part of the body. If we take the various morbid appearances which the mouth presents, as regards the tongue, fauces, tonsils, &c., we do not usually look upon these as purely local affections, producing symptomatic derangement, but as the local effects and evidences of a general condition of health, and should condemn the treatment which advocates mere local applications, as highly empirical and unscientific."

Besides arising from general derangement of the system, the author admits that inflammation may be induced by causes of a more local character, as exposure to cold, violent horse-exercise, and inordinate sexual intercourse, and also "the *dishonest* application of caustic to the os uteri, at intervals so short as to render it impossible for the effects of the first application to have healed before the second was made, and continued at this rate for such a length of time as to set up severe irritation, and even produce very serious injury."

The symptoms of the disease, when caused by such treatment, he considers to be more violent than in those cases which are produced by more common causes. The inflammation is of an unhealthy character, and the parts have "a pale, ashy hue, much injected with vessels, just as is occasionally seen in the throat of an unhealthy person who has been suffering from repeated attacks of quinsy."

Ulceration of the os and cervix is of course considered by our author as a local result of constitutional derangement, and treated accordingly. He very properly objects to the term "ulceration" as applied to so many different appearances of the neck and mouth of the womb, some of them having nothing to do with this process, which, unconnected with malignant disease, is in fact a rare affection. The local treatment of ulceration laid down by Dr. Rigby, does not differ from that recommended by most authors; it must always be preceded by remedies addressed to the general system, and especially the digestive organs. In this, as in almost every other disease described in the work, the liver appears to be eternally getting out of order, and nothing can be done until this organ is stimulated by a good dose of blue pill. In the mean time, the author, in his anxiety to describe the *true* ulcer of the cervix, has forgotten to enlighten the reader concerning those various affections which are often *called* ulceration. In particular, we could have wished to learn something about his treatment of that common disease, the granular condition of the mucous membrane around the os, and often extending into the canal of the cervix, which has caused a trial of the patience of many a doctor and patient. On the whole, although these two chapters contain much that is correct in description, and judicious in treatment, we consider them as the least valuable portions of the book.

We pass over the chapters on the different displacements of the uterus, as containing nothing new of importance. Under the head of *fibrous tumor of the uterus*, we find some interesting observations concerning the treatment of this affection. Dr. Rigby believes that in a certain number of cases the disease is susceptible of relief, if not of cure, by the use of remedies. The means he employs are the application of leeches to the vagina, mercurial ointment to the cervix, and the internal use of chloride of calcium, and of the artificial preparation of Kreuznach water, with an additional quantity of bromide of potassium. He appears to be unacquainted with Dr. Atlee's remarkable paper on the removal of fibrous tumor, published in the sixth volume of the American Medical Association's Transactions, although he refers to a case reported by Dr. A. in the *American Journal of the Medical Sciences*. The chapter on *cancer of the uterus* is full and interesting. The practitioner will find a great variety of suggestions on the means of palliating the sufferings of this incurable disease.

In conclusion, although we think Dr. Rigby's work will not rank with the highest treatises on the diseases of females, such as that of West, for instance, yet we can recommend it as the result of the experience of a physician of intelligence and extensive practice, who has devoted his observation specially to this subject.

A Discourse introductory to a Course of Clinical Surgery, delivered in the Amphitheatre of the Louisville City Hospital, November 7th, 1856.

By JOSHUA B. FLINT, M.D., Professor of Surgery in the University of Louisville.

AN interesting historical sketch of the progress of clinical teaching, from the days of the Babylonians to the present time. Among other things, we are reminded of the fact that asylums for the sick poor are the result of Christian influences, and that their first development in this direction was due to the "unfailing and considerate compassion

of woman," St. Jerome being cited as authority for the statement that the earliest of the Palestine hospitals was established by Fabiola, a Roman matron. Just at this juncture it is very desirable that some Boston matron should follow her example. There never will be a more favorable time.

In speaking of his own pupilage, the author pays a well-deserved tribute to the clinical teachings of Drs. James Jackson and John C. Warren at the Mass. General Hospital, and the address closes with some excellent reminders to both professors and pupils, as to the proper treatment of the feelings of a patient who may be the subject of the examination and exhibition of his infirmities. The necessity of such cautions in some of the Continental hospitals we can very many of us bear witness to, but would be loth to think them necessary in this country. We can at any rate confidently claim for our own neighborhood that no taste for display or brutal indifference to delicacy would be tolerated by either the profession or the community.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 2, 1857.

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### FORMATION OF A MEDICAL BENEVOLENT SOCIETY.

A NUMEROUSLY attended meeting of members of the profession was held at the rooms of the Massachusetts Medical Society in Temple Place, on Thursday, March 19th, to take measures for founding a Benevolent Society among the physicians of Massachusetts. At this meeting, a committee, appointed several months since by one of the medical associations of the city, presented the results of their inquiries regarding the constitution of similar societies in this country and England, and their conference with a committee of the Councillors of the Massachusetts Medical Society. A plan of organization was proposed, embodying the principles which the experience of other societies had proved of practical utility. This plan was approved by the meeting, *nemine contradicente*, and a code of by-laws was adopted.

The purpose of the Society is to accumulate a permanent fund, of which the income, together with the annual receipts from subscriptions and donations, shall be applied for the relief of members of the association, or their families, who may require assistance, and also of other physicians, not members of the Society, who may have become disabled while engaged in the honorable discharge of their professional duties. The distribution of relief will be entrusted to the Council of the Society, who will hold regular meetings for that purpose.

We think the Society has done wisely in rejecting the principle of guaranties to members, which is adopted by health insurance companies, and by some other associations for mutual benefit: as also in extending its sympathy and aid, as far as its funds will allow, to the distressed families of medical men who have never contributed to its funds. This enlarged philanthropy is a worthy expression of the spirit which should distinguish the members of a liberal profes-

sion; and will do more to elevate the institution, and to invite additions to its funds from those who are not physicians, than could be effected by any more narrow policy.

The Society will be located at Boston, in compliance with the law of the Commonwealth, which requires that the location of every corporation organized for charitable purposes, shall be distinctly specified; and also because it is important that a society established for such objects should have a well-known head quarters for the transaction of its important business, that of relief; but it is proposed that every honorable physician in the State, who desires to become a member, shall be included in its ranks.

Admissions will be obtained by election; and members may withdraw at any time, if they desire to do so, upon giving notice of their wish. The assessments are, for the first year three dollars, afterward two dollars annually. By the payment of twenty-five dollars at one time, a member may become a Life Member and be exempted from further assessments. A donation of fifty dollars at one time will constitute a person a Benefactor of the Society. It is to be hoped that here, as in English societies, large contributions to its funds will be made by persons in the community at large, as a mode of expressing their obligations to the profession.

We have sketched the principal features of the newly-formed association. But its usefulness as a help in time of trouble will constitute but a part of the benefits which must arise from it. Composed, as it must be in great part, of gentlemen who join its ranks with no expectation of requiring its aid, but because they think such an institution demanded for the honor of the profession, it will foster sentiments of mutual kindness and esteem, and raise the standard of professional character.

Great interest has been manifested in the organization of the Society, and it already embraces a large number of members from various parts of the State, including many of the most distinguished gentlemen of the profession.

Copies of the By-Laws, or any further information, may be obtained, as we understand, of the Secretary.

The following is a list of the officers, who also constitute the Council:—*President*, Dr. George Hayward; *Vice President*, Dr. George H. Lyman; *Secretary*, Dr. Henry W. Williams; *Treasurer*, Dr. William E. Coale; *Trustees*, Drs. Charles G. Putnam, Augustus A. Gould, J. Mason Warren, Morrill Wyman, Samuel Cabot, Jr., E. W. Blake, Charles E. Buckingham, Francis Minot, Algernon Coolidge.

#### WEIGHTS AND MEASURES.

THE following remarks, from a valued correspondent, call attention to a subject of no little importance. There is no excuse for official meddling in matters of life and death. It will be found a very different thing to tamper with druggists' implements, from what it is to overhaul grocers' weights and measures. Let the "sealer" beware how he regulates—or attempts to regulate—the process of dispensing articles so potent as those alluded to in the communication subjoined; at least he will find his account in so doing if he ever gets a prescription answered at any establishment where the weights have been wrongly corrected! Our friend says—

"Some of the daily papers have been complaining of the absurdity of the present law, which requires weights and measures to be sealed. I did not suppose, in reading those complaints, that the medical profession were directly affected by it. During the past week, two druggists have showed me weights and scales which have passed the sealer's hands, according to law. In both cases, the weights were actually rendered incorrect by the officer. In one case, a silver scale pan had been bunglingly trimmed with the shears, so that its appearance was much injured, instead of the proper adjustment having been made by altering the beam. Whether the scales were previously correct, is of little consequence, when it is considered that they are now very far from correct. The owner of these scales also showed me three weights, marked six grains each, no two of which agreed, no one of which, according to his statement, weighs six grains now, and one of which weighed actually less than a five grain in the same package.

"I am told that there are no standard grain weights in possession of the sealer; and if so, his sealing can be of no earthly use.

"Why should a druggist's compounding scales and weights pass the sealer's hands? They are not to sell by, neither are they to buy by, but simply to compound by. He measures grains and scruples with them; but he sells by the pill and the powder. A pill of one grain costs the same as if its weight were five grains.

"When a druggist doubts the accuracy of his weights and scales, there should be some one to whom he might apply to have them proved; but it ought not to be in the power of any officer to demand, under penalty, the weights and scales by which morphia and strychnia are measured out, and then alter without making them correct. The medical profession and the public, as well as the druggist, are interested in this matter.

C. E. B."

#### MORTALITY OF BOSTON IN 1856.

DURING the year 1856—as we learn from the Annual Report of the City Registrar, which was more particularly noticed in last week's Journal—there were 4,253 deaths in the city of Boston, being an increase of 173 over the number recorded in 1855, but 188 below the record of 1854. The only epidemic was scarlatina, which proved exceedingly virulent during the latter part of the year, having caused no less than 362 deaths, or 8.51 per cent. of the whole number. It has been prevailing since March last, in which month 10 deaths occurred, and they gradually increased to the end of December, 115 fatal cases having occurred in that month. The greatest number of deaths occurred in children between the ages of 3 and 5, viz., 96. Between the ages of 5 and 10 there were 78 deaths; from 2 to 3, 76; from 1 to 2, 72; under 1, 28; from 10 to 15, 8. Of all the deaths from this cause, 95 are reported as of native birth, 28 were foreign born, and 239, or 66 per cent. of the whole number, were children of foreigners. The last two classes make 73.75 per cent. The localities in which the disease prevailed most extensively are such as we should expect, and show that an elevated situation, cleanliness and good habits afford a strong protection against the virulence of the disease, as surely as filth, want of ventilation and a low situation favor its prevalence and severity.

The deaths from *consumption* last year were 760 in number, being an increase of 25 over last year's record, and making 17.87 per cent.

of all the deaths. Of those dying from this disease, foreigners 'make 63.81 per cent., and, as might be expected, the greatest number of victims were from those quarters of the city which are chiefly occupied by the overcrowded, ill-ventilated dwellings of the Irish, which people furnished 52.63 per cent. of the entire number.

#### M. THALBERG AND THE MEDICAL PROFESSION.

MESSRS. EDITORS,—Within the last three months, Boston has been twice visited by the greatest of living pianists. This is not the place to touch upon the distinguished merits of Mr. Thalberg; but we cannot allow the opportunity to pass without saying a word in acknowledgment of the delicate compliment he has paid, on both occasions, to our own as well as the other liberal professions by his polite invitation to its members to attend his concerts.

We have been surprised that an act of courtesy, the more marked because it is, we believe, quite unusual, should have been allowed to go so long unnoticed; but Mr. Thalberg may be assured that the members of that profession which owns a common patron with the divine Art of which he is so distinguished a master, are not without a true appreciation of this mark of his attention. Although we cannot suppose that any have availed themselves of Mr. Thalberg's kindness, who, under other circumstances, would have neglected the rare opportunity of seeing and listening to one whose advent among us has already proved an era in the history of music in this country; yet, not the least pleasing reminiscence of his visit will be that to his generosity we were indebted for the privilege of first entering within the charmed circle of his magic powers. E.

#### SOCIAL ENTERTAINMENT OF THE SUFFOLK DISTRICT SOCIETY.

THE social entertainment at the close of the regular meeting of the Suffolk District Medical Society, on Saturday evening, was a most successful affair. Some eighty members attended and partook of an elegant entertainment, which reflected much credit upon the gentlemen under whose direction it was arranged. One of the objects of the entertainment, that of awakening an interest in the Society, and inducing some members to attend who have hitherto, from indifference or want of time, neglected the monthly meetings, was fully attained. We noticed several gentlemen who are not often to be seen at the rooms, and we trust that the interest thus awakened will not be suffered to slumber. The Suffolk District Society ought to be the most important one in Boston, and it can become so, if its members choose; it is in their power to make it the means of advancing the science of medicine, and of raising the profession in the eyes of the community.

#### INCOME OF THE LONDON HOSPITALS.

MESSRS. EDITORS,—I find the following in the *Union Médicale* of January 8th, 1857, there quoted from the *London Literary Journal*. At this time it may be especially interesting, and I translate it for you.

R. M. HODGES.

"According to a report prepared by a Committee of the Statistical Society of London, there are in that city 14 hospitals for the treat-

ment of all sorts of diseases, with a revenue of £155,616; 36 special hospitals, with a revenue of £119,252; 42 general dispensaries, with a revenue of £21,000; 18 special dispensaries, with a revenue of £80,645. There are also in London two institutions for the instruction of nurses, with a revenue of £4,740, which with other disposable funds constitute for hospital establishments a total revenue of £310,554. In estimating the moneys dispensed at London for medical aid, the expense of the work-house infirmaries must not be forgotten; these amount to £28,776, which, with £79,998 for the poor insane, and £4,292 for vaccination, make a sum of £133,056; adding this to the afore-mentioned amount, viz., £310,554, we have a grand total of £423,610 (\$2,118,050).

"The number of in-door patients treated annually in the 50 general and special hospitals amounts to 45,808; 369,129 are treated at consultations for out-door patients, and the 60 dispensaries afford aid to 232,878 individuals, giving us the enormous total of 647,815 persons gratuitously assisted in each year, a number equal to about one fourth of the whole city's population."

*The New Anæsthetic Agent in Paris.*—The Parisian correspondent of the *New York Times*, in a letter dated March 2d, writes that he had just seen an operation for necrosis of the tibia performed while the patient was under the influence of *amylene*. "It was inhaled," he says, "with more facility than either chloroform or ether; she even liked it. It took longer, however, to bring her under its influence; but there was no paroxysmal stage. *She did not go to sleep, and yet she felt no pain*; her eyes remained open during the whole operation, which lasted nearly an hour, but it could only have been a sort of semi-wakefulness. At the end of the operation, sensibility and full consciousness returned immediately—much sooner than with other anæsthetic agents. They were obliged to hold the agent to her mouth without intermission: it is thus more volatile than the others." The writer adds that its danger, in comparison to chloroform, is as 3 to 40.

*Case of Retroversion of the Bladder*—Mr. Joseph Hayden, who is well known as the unfortunate subject of this rare and distressing malformation, which renders him unable to earn his living by manual labor, is calling upon physicians and others to contribute a small amount towards a fund, to be invested so as to yield him a life annuity. We can confidently recommend Mr. H. as worthy of the aid which he solicits, and bespeak for him, from those on whom he may call, their sympathy and the trifling pecuniary assistance he asks from each.

*Communications Received.*—American Reprints of European Medical Works.

*Books and Pamphlets Received.*—The Physician's Pocket Dose and Symptom Book. By Joseph H. Wythes, M.D. (From the publishers.)—Catalogue of the Medical College of the State of South Carolina, in Charleston, session 1854-5. —Catalogue of the Officers, Students and Graduates of the New York Medical College.—Catalogue of the Medical Department of the University of Nashville.

*DEB.*—In San Juan, Nicaragua, Feb. 11th, Dr. Wm. H. Saunders, surgeon of the Nicaraguan schooner *Granada*, in the 37th year of his age.

*Deaths in Boston* for the week ending Saturday noon, March 28th, 68. Males, 39—Females, 29—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—softening of the brain, 1—cancer of the stomach, 1—cancer of the liver, 1—consumption, 13—convulsions, 2—dysentery, 1—dropsy, 4—dropsy in the head, 3—debility, 2—infantile diseases, 4—puerperal, 1—gastritis, 1—gravel, 1—bilious fever, 1—remittent fever, 1—scarlet fever, 9—typhoid fever, 2—disease of the heart, 1— hæmorrhage, 1—intemperance, 1—congestion of the lungs, 2—inflammation of the lungs, 3—disease of the liver, 1—pleurisy, 2—suicide, 1—teething, 1—whooping cough, 1—unknown, 2.

Under 5 years, 21—between 5 and 20 years, 10—between 20 and 40 years, 13—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 50—Ireland, 13—other places, 3.

**Buffalo Medical School.**—The twelfth annual commencement of the Medical Department of the University of Buffalo (N.Y.), took place on the 25th of February. The candidates for the degree of M.D., fifteen in number, having been examined and recommended by the faculty, their recommendation was confirmed by the Council, and their degrees were conferred by Ex-President Fillmore, Chancellor of the University, who read an excellent address to them. The charge to the graduates was delivered by Professor Austin Flint, and is highly spoken of in the *Buffalo Medical Journal*.

**Commencement at Dental Colleges.**—The annual commencement exercises of the Baltimore College of Dental Surgery were held on the 27th of February, and the degree of D.D.S. was conferred on 20 graduates, belonging to different States of the Union.

The Ohio College of Dental Surgery celebrated its commencement on the 25th of February, in Cincinnati. The Rev. Dr. Avelott, M.D., President of the Board of Trustees, delivered an address on the *professional studies of the dental pupil*, and then presented five graduates each with a copy of the Holy Bible, and conferred on them the degree of "Doctor of Dental Surgery."

**Mortality of Charleston, S. C.**—The number of deaths in the city of Charleston, S. C., during the year 1856, as we learn from the Report of the City Registrar, Dr. J. L. Dawson, was 1428—viz., whites, 763; blacks and colored, 665—being a proportion of 1 to 34.94 of the population. Among the blacks, were 9 over 100 years of age, and 160 under 1 year. Between the ages of 20 and 40, the deaths among the whites were 301; among the blacks, 94. The deaths by yellow fever are stated to be 203; by consumption, 85; old age, 86.

**American Medical Association.**—The tenth annual Meeting of the Association will be held at Nashville, Tenn., on Tuesday, May 5th, 1857.

All bodies entitled to representation in the Association, would very much further and facilitate its affairs by sending lists of their representatives at an early period to the undersigned.

Resolutions passed at the eighth meeting of the Association, held at Philadelphia:—

"*Resolved*, That no State or local society shall hereafter be entitled to representation in this Association, that has not adopted its code of ethics.

"*Resolved*, That no State or local society that has intentionally violated or disregarded any article or clause in the code of ethics, shall any longer be entitled to representation in this body.

"*Resolved*, That no organization or institution entitled to representation in this Association, shall be considered in good standing, which has not adopted its code of ethics."

Resolution passed at the ninth meeting, held in Detroit:—

"*Resolved*, That any new medical institution not heretofore represented in this body, be required to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity and good standing."

ROBERT C. FOSTER, Sec. Am. Med. Association, Nashville, Tenn.

**Medical Miscellany.**—At the late commencement of the University of Louisville (Ky.), the degree of Doctor of Medicine was conferred on fifty candidates.—The New Orleans School of Medicine, which it seems has not enjoyed equal advantages with the older medical institutions in that city as regards hospital and other privileges for its students, has lately been placed on an equality with them by an act of the Legislature.—The citizens of New Utrecht, Long Island, have presented to Dr. S. J. Goodrich a purse containing \$700 as a mark of their appreciation of his services in that place during the prevalence of the yellow fever last summer.—Dr. T. L. Maddin, of Nashville, Tenn., was presented with a splendid cane by his private medical class, at the close of the recent course.—The appointment of John Bacon, M.D., of Boston, as Professor of Chemistry in the Medical Department of Harvard University, by the Corporation, was last week confirmed by the Board of Overseers of the University.—The body of Dr. Oliver Wolcott, of Conn., who died a year ago in California, has been brought home to Litchfield for interment. He was 33 years of age.